

STATEMENT OF ORGANIZATION FOR CANDIDATE COMMETEE.

MICHIGAN DEPARTMENT OF STATES

Bureau of Elections

TYPE OR PRINT CLEARLY, AN AMENDMENT TO THIS FORM MUST BE FILLED IF INFORMATION PRESENTED ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

NSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.	
1. Gommittee	3 Type of Filing
Identification No.	Original
2. Full Name of Committee	Amendment to Item(s) Date Change Took Place
COMMITTEE TO ELECT TRANK BONG	
4. Candidate Name	County of Residence MACCNB
PRANK / BENSON	Party (if applicable)
Office Sought (include district or jurisdiction served)	t at the approach of the state
5. Committee Street Address (street, city, state, zip code)	5a. Committee Mailing Address (if different from street address)
22506 LARCCREST	♥ 그는 기가 하는 것이 되는 가는 그는 것 약을 받는 경험하다는 그렇게 얼굴하였다. 중 ♣ 그들은 그 것이 그 것들은 것 같아 한다음이 중하는 것이다. 이 경기를 받는
ST CLAIR SHORES, MI 48081	toring with the control of the control of the property of the control of the cont
	A TOTAL OF THE PARTY OF THE PAR
6. Date Committee Was Formed 8. Full Name and Mailing Addre	
Mo & Day, 23 Yr. 90 CARCE F1000 7. Committee Area Code and Phone 20506 LAR	
선 사람은 마음을 잃었다면 하다는 학생들이 가지가 들었다. 그는 사내를 하고 있습니다. 그 사람들이 가장 하나는 사람들이 나는 생각이 가지 않는 것이다. 그는 사람들이 나타나 그 나타는 사람들이 나타나 그 나타는 사람들이 나타나 그렇다는 사람들이 되었다.	40KC 111 4808/2 222 2
Identify the person who will be responsible for the commutee's records and Campaign	
leave this item blank. Name Mailing Address	The Area Code/Phone.
and the first of the control of the	and the second of the second o
10. REPORTING WAIVER SECTION	
The Committee does NOT expect to receive or expend in excess of	
1.1 Names and addresses of depositories or intended depositories of committed and any secondary depositories).	tee funds (list both official depository 12. This item applies only to a gubernatorial Candidate Com-
	mittee.
	Check if this committee
	contributions for public funding.
13. Verification: I/We certify that all reasonable diligence was used in the p	reparation of the above statement, and that the contents are true, accurate and
complete to the best of my/our knowledge or belief.	
	KIQ
Treasurer CAROL A BONSON / CAU	MA Della Cod 3-45
Type or Print Name Fund P RENSE	NA Blader Mo. Day Year
Candidate Type or Print Name	Signature Signature Mo: Day Year
14. FOR OFFICEHOLDERS USE ONLY (Complete only if you have est	ablished an Øfficeholder Expense ‡und)
14a Full Name and Address of Officeholder 14b Full Name at	nd Address of Treasurer of Page 14c, Officeholder Expense Find Depositor
Expense Fund Officeholders	Expense Fund Name and Address A Section 1
성보면 100mm (Harris Harris H	
Value of the property of the other of the property of the	

Authority granted under Act 388 of 1976, as amended.



CFR-101 (3/92)

STATEMENT OF ORGANIZATION CFR - 9320400 | OR CANDIDATE COMMITTEE Seg. - 93204002 25

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Bureau of Elections

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NSTRUCTIONS ON REVERSE FOR UPDATE	NG PHOCEDURES.		
1. Committee		3. Type of Filing	
Identification No.		Original	
135715 50)	Amendment to Item(s)	<u> </u>
		Date Change Took Place	
2. Full Name of Committee		Date Offerige Took Flace	
· ·			
COMMITTEE TO EL	-ECT FRANK BENS	Month Day	Year
4 Candidate Name		County of Residence MACOM	B
FRANK P. BEN	15 a al	W. 14.00 VI.	·-
PRANK U. DEN	7307	Party (if applicable)	
Office Sought (include district or jurisdiction	n servea)	Party (if applicable)	
ST. CLAIR SHORES CIT	TY enancia		
5. Committee Street Address (street, city, sta	te, zip code)	5a. Committee Mailing Address (if diffe	rent from street address)
22506 LAKEUREST	_		· · · · · · · · · · · · · · · · · · ·
		1 1	
ST. CLAIR SHORES, M.	48081		
O. Data Committee Man Engand	8. Full Name and Mailing Add	ress of Treasurer Ar	ea Code and Phone
6. Date Committee Was Formed	•		-774-19 35
vio. 07 Day 02 Yr. 93	CHROL ANN	56102010	
7. Committee Area Code and Phone	22506 LAKECI	REST	
	S. C. S. , Mi 4	lene l	
313-774-1935	11100 4	Statement filings if committee's tressurer will h	andle these responsibilites.
Identify the person who will be responsible for the leave this item blank.	e committee's records and Campaigi	1 Statement linings.ii committee a neastrer will h	Anna Cada/Phona
Name	Mailing Address		Area Code/Phone
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A contract	•		Fam w n
			3 0
			32 3 3 3 3 3 3 3 3 3 3
THE PERSON NAMED OF COURSE			
10. REPORTING WAIVER SECTION		f \$1,000,00 in an election	
The Committee does NOT expect to			#P = -
11. Names and addresses of depositories or	intended depositories of comm	ittee funds (list both official depository	12 his item, applies only to a
and any secondary depositories).	.1.4.		mittee.
STANDARD	FEDERAL B	MUK	Check if this committee
	4.		intends to seek qualifying
HARPER BRANC	>r , 0 >.		contributions for public
No. 1			funding.
		and the characterisment and	that the contents are true accurate and
13. Verification: I/We certify that all reasons complete to the best of my	able diligence was used in the	preparation of the above statement, and	HIGH LITE COMMENTS OF BUSY GOODIAGO WILL
complete to the pest of my	Judi Kiluwiouge of Dollor.	•	
Λ \sim	\mathcal{D}	1 X2/ 11	
11 10186	1501 / YA	111/12/11	Date 7 23 93
Treasurer Type or Print Name	····	Signature	Mo. Day Year
Type or Frint Name	17	b P Raine	- nun 7 23 93
Candidate Frank U. Dem	10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Signature	Date / Year
Type or Print Name ERANK B-BEN	(SON)	Gigitatio	
14. FOR OFFICEHOLDERS' USE ONL	Y (Complete only if you have	established an Officeholder Expense Fund)	
		*11	
14a. Full Name and Address of Officeholder	14b. Full Name		4c. Officeholder Expense Fund Depository
Expense Fund	Officeholde	r Expense Fund	Name and Address
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